

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO				<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application / Inf. N.	Unknown /
(use as many sheets as necessary)				Filing Date	October 31, 2003
				First Name of Inventor	Robert O. Conn
				Art Unit	Unknown
				Examiner Name	Unknown
Sheet	1	of	2	Attorney Docket Number	X-1416-2 US

Examiner Signature \_\_\_\_\_ Date Considered \_\_\_\_\_

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST..16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO		<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		Application / Conf. N.	Unknown /
(use as many sheets as necessary)		Filing Date	October 31, 2003
		First Named Inventor	Robert O. Conn
		Art Unit	Unknown
		Examiner Name	Unknown
Sheet	2	of	2
		Attorney Docket Number	
		X-1416-2 US	

## OTHER – NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.